

Complete and return this form to: Labouré College of Healthcare
Attn: Office of the Registrar
Email: Registrar@laboure.edu

Date	Student ID#	Student Name
Program	Phone	Student Email

Requirements

Directed Learning is an opportunity for students to complete coursework under the individual supervision of a faculty member in the following circumstances:

- In the professional opinion of the Chief Academic Officer the student needs this contract to complete their degree in the present semester through no fault of their own and there is no other way to meet the requirement.
- A required advanced level course in the student's program of study is needed and Labouré College of Healthcare does not intend to offer a section of the course in the next two semesters.
- Course substitutions and other alternatives are not available.
- Information regarding the transferability of the learning contract course is provided when relevant.

All Directed Learning requests should be submitted as early as possible, but not later than the last day to add a class for the current semester. Requests submitted after this date will not be approved.

Course Code/Course Title	Credits	Semester/Year
--------------------------	---------	---------------

Directed Learning Description and Reasons for Request:

Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting to take a course through Direct Learning. I understand that this request must be approved by a Professor and the Program Dean. I also understand that I am responsible for any financial or academic obligations I may have by taking this course through Direct Learning.

Student Signature: _____ Date: _____

Faculty Review

A Directed Learning request can only be approved if a course syllabus that includes the course content, learning outcomes, a meeting schedule, a description of course assessments and the method used to evaluate relevant course work is provided by the faculty member.

Approved Denied Additional Comments:

Faculty Signature: _____ Date: _____

Program Dean or VPAA Approval

Approved: This course can be offered as Direct Learning. Semester: _____ Session: _____ Format: _____

Denied: This course is not approved for Direct Learning.

Additional Comments:

Program Dean or VPAA Signature: _____ Date: _____

Registrar Use Only	
Processed by: _____	Date: _____